

FIG. 1

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your physician or health care provider. If there is a problem with the software, please contact us toll-free at 877-354-NOTICE: Please check that your LifeReport contains all your medical information and that it is correct. Review with Stephanie Ward ... Daughter . .908-555-3837 Work: 908-359-1514 Cell Phone: Marge larkowski . . . Compunion . 908-555-8592 Work: Bedtime Blood Type: A+ Normal Blood Pressure: 140/80 10:00 MFlu Shot: 10/99 In Case of Emergency... Call: 3373 or visit our website: www.lifereport.com 🙀 Living Will 🗆 Organ Donor 🗅 DNR Location: Daughter, Stephanie has. 908-555-9223 Fax: LifeReport Date: 11/10/99 Evening 8:00 ş 0 0 0 0 0 0 SSN: 100-10-1000 Atternoon 2:00 0 0 0 Eckerd Pharmacy □ Pncumonia Shot: **Breakfast** Morning Affer 0 0 0 0 Weight: 162 Morning *Before* **Breakfast** 30 0 0 0 0 READ IN EMERGENCY Agc: 75 Born: 8/30/00 New Brunswick, NJ East Brunswick, NJ 908-231-8761 Bridgewater, NJ 973-267-7295 Morristown, NJ Morristown, NJ 908-281-9848 Somerville, NJ Apply 9 AM Remove 9 PM to 3 pills on 12/16/98 Or. Friedlander pill 10/6/98 MWF ouly with Juice City/State empty stomach Sescription & Supplements) Group #: 517000 Tetanus Shot: Dr. Friedlander Height: 5'8" Dr. Neiman Dr. Neiman Dr. Mahal (0.2 mg/hr) Dr. Mahal Dr. Mahal Dr. Mahal Dr. Mahal Dr. Mahal Dr. Mahal Fax: 908-555-0137 908-555-6358 973-555-1850 Ears, Nose, Throat (0.25 mg)(Vitamin) (Vitamin) (100 mg) Cardiologist RWJ ID#: 100-10-1000 (81 mg) (20 mg)(50/200)Specialty/Group (25 mg) (20 mg)(5 mg) .908-555-0632 Family Doctor ...908-555-8668 Cardiologist 732-555-130M) Neurologist Direct Line 973-555-6400 Oncologist پ Medications PRN "When Needed" Group #: (0.4 mg tab) Dr. Mahal 732-555-7208 732-555-7786 Lasix (Furosemide) **Transderm Nitro ABC Plus Senior** Husured By: Medicare A&B Secondary: United Health **Baby Aspirin** 100-10-1000 **Amantadine** John Smith Sinemet CR This LifeReport® For: Coumadin Somerville, NJ 08876 **M**'agoxide Capoten Lanoxin 00 Sunnymead Rd. Dr. William Diehl Dr. Fleming Pepcid Dr. Deborah Neiman Dr. Friedlander Dr. Sharan S. Mahal Dr. Mark Preminger Dr. Mark Preminger Physicians **Nitrostat** Tylenol PATCH Work: Φ

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Allergies SAC QUINIGLUTE: swelling of feet & hands,

PROCAINAMIDE SR & PROCANBID 1000 mg BID: swelling of feet & dizziness & joint pain. 12/98

hands, dizziness & joint pain. 10/30/98 SINEMET: dizzy, faint, LOW BP, sweaty, nausea 7/25/98. Decreased to 1/2 pill.

Now back to 13x's

Current Medical Conditions DIABETES: 10/99

HEART DISEASE: Wears DEFRIBILA-TOR. 2/3/98

ANEURYSM: on heart wall. Dr. Mahal. HERNIA: where esophagus did not hea 10/97

PARKINSONS: diagnosed by Dr. Greenberg, Somerville. Took Sinemet & Artane 3/31/93 8/12/96

386

## Surgeries & Procedures

Preminger, RWJ. Had congestive heart failure. 2/3/98 DEFRIBILATOR IMPLANT: AICD. Dr.

Morristown, Partial removal, Cured, **ESOPHAGUS CANCER: Dr. Diehl,** 9/13/96

ANGIOPLASTY & STENT: Dr. Mahal, Morristown. Aneurysm on heart wall 8/12/96

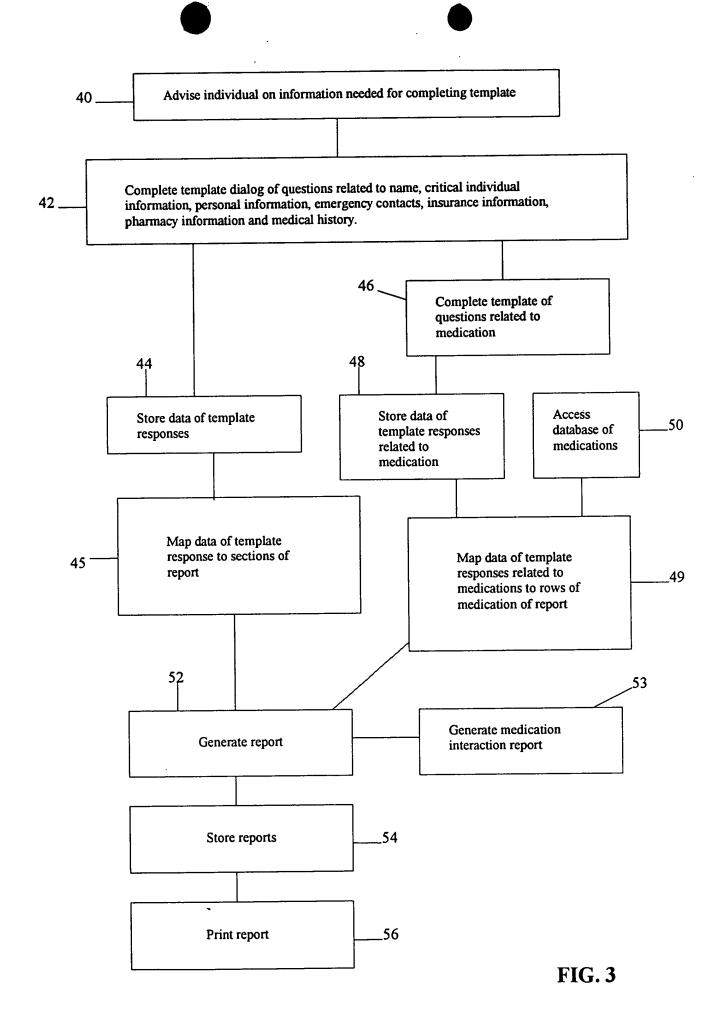
ANGIOPLASTY: Dr. Gantz, Newark B Israel. 10/18/89

## Past Medical Conditions

DEHYDRATION: lowered Lasix. 8/27/98 DEPRESSION: 10 mg. Paxil from approx 2/98 to 8/98

HEART ATTACK: 10/8/89

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Γhe <b>(</b>	Question & Answer Session	I: (Preliminary Information) begins with:
l.	What is the name of the per	rson for whom this LifeReport is being created?
2.	The birth date?	
3.	The permanent address?	
4.	The phone number?	
5	The fax number?	, <del></del>
6	The E-Mail address?	$arphi^*$
<b>7</b> .	Is there another residence?	
	If yes, questions 3 thru 7 r	epeated until a no answer is given.
8.	The Social Security #?	
9.	The Blood Type?	
10.	The Primary Insurance Ca	rrier?
	Name:	Identification #:
	Group #:	Phone #:
11.	The Secondary Insurance	Carrier, if any?
	Name:	Identification #:
	Group #:	Phone #:
12.	In Case of Emergency, w	ho should be contacted? (please limit your choices to
	no more than six)	

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	CONT.	FIL. YX	•								
	Phone:	Relation:	<u> </u>	day _	evening						
	Phone:	Relation:		day _	evening						
	Phone:	Relation:		day _	evening						
	Phone:	Relation:		day _	evening						
	Phone:	Relation:		day _	evening						
	Phone:	Relation:		day _	evening						
13.	Your Pharmacy?										
	Name:		Phone #:								
14.											
	Name:		Phone #:								
15.	The Physicians?										
	Name: Type of Physician:										
	Address:										
	Phone #:		_Fax #:								
16.	Is there another Physician? yes no										
	If yes, question 15 is r	epeated until a n	o answer is give	n.							
17.	Is there any Allergies?										
	Allergic to:										
18.	Is there another Allergy?yesno										
	If yes, question 17 is repeated until a no answer is given.										
19.	Is there any Medical Conditions?										
	Medical Condition:										
	Diagnosed by:		On:								
20.	Is there another Medical Condition? yes no										
	If yes, question 19 is a	epeated until a n	o answer is give	n.							
21	Is there any Diseases?										

### 10NT. FIG. 4A

	Disease:										
	Diagnosed by:On:										
22.	Is there another Disease? yes no										
	If yes, question 21 is repeated until a no answer is given.										
23.	Was there any Surgical Procedures?										
	Surgical Procedure:										
	Attending Physician:										
	Date of Surgery:										
	At What Hospital:										
	Outcome:										
24.	Is there another Surgical Procedure? yes no										
	If yes, question 23 is repeated until a no answer is given.										
25.	Is there Medical Alerts such as Pacemakers, Defibrillators, Insulin										
	Dependency?										
	Please Describe:										
26.	Is there another Medical Alert? yes no										
	If yes, question 25 is repeated until a no answer is given.										

The **Question & Answer Session I:** (Preliminary Information) is complete.

### F16. 4B

The Question & Answer Session II: (Prescription Regimen) begins.

Please supply the information directly from the prescription or non-prescription bottle label. Prescription drugs include non-prescription drugs, if they are prescribed by a physician.

1.	What is the prescription drug?												
	Name:												
	Dosage:												
	Prescribing												
Physician:													
	Physician's Orders:												
	Date The Prescription was Filled:												
2.	Is there another Prescription Drug? yes no												
	If yes, question 1 is repeated until a no answer is given.												
3.	What is the non-prescription drug?												
	Name:												
	Dosage taken:												
	Recommended Dosage:												
	Physician's Orders:												
4.	Is there another Non-Prescription Drug? yes no												
	If yes, question 1 is repeated until a no answer is given.												
5.	What is the earliest time of the day a drug will be taken or given?												
6.	What is the latest time of the day a drug will be taken or given?												
The	Question & Answer Session II: (Prescription Regimen) is complete.												

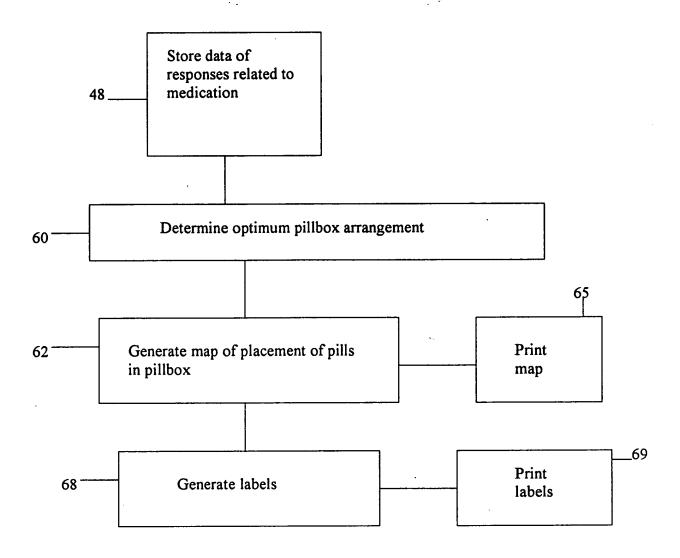


FIG. 5

SS#: 100-10-1000 THE EVENT TO SS John Smith

## How To Arrange Your Pillbox .... Your PILL BOX MAP

A PATCH Transderm Nitro

EVENING

8:00 p.m.

(0.2 mg/hr)

Dr. Mahal

Apply 9 AM — Remove 9 PM 2000

## MORNING

Before Breakfast

PEPCID

COUMADIN

empty

CAPOTEN

PEPCID

CAPOTEN empty stomsch

SINEMET

**AMANTADINE** 

SINEMET

LASIX

O

MWF only

with Jutec

from 1/2 to 1 pill 10/6/98

AMANTADINE

## MORNING After Breakfast

AFTERNOON

BABY ASPIRIN

LANOXIN

ABC Plus SENIOR VITAMIN

**AMANTADINE** 

SINEMET

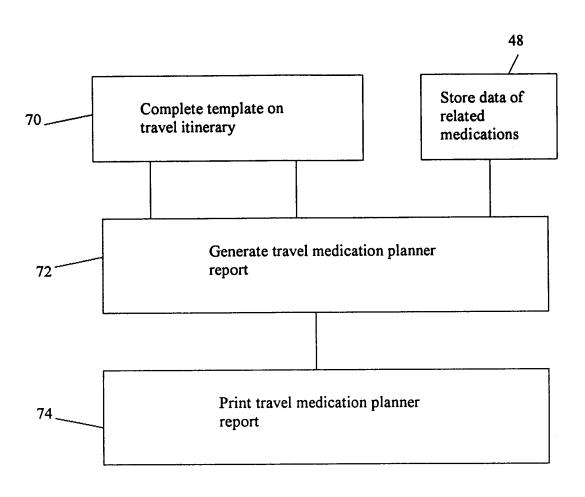
to 3 pills on 12/16/98

from 1/2 to 1 plll 10/6/98

CAPOTEN empty stomach

MAGOXIDE

The HOME MEDICAL MANAGER © 1999



# Will You Have Enough Pills for Your Trip?... Your TRIP PLANNER

25

	7	Doses toTake for Trtp	14	1	1	21,.					7	7					
	71	o to to	1	5	21	2	7	7	7	7		1	7			esi. E	
IF there is a date in this column you	need a refill <b>18C</b> for your trip <sub>y</sub>	Earliest Refill Day for Trip	11/23/99	12/08/99*	12/08/99*	12/08/99*			11/23/99		11/30/99		11/22/99				
7 0		Prescription Emptys On	11/30/99	12/15/99	12/15/99	12/15/99	02/12/00	01/18/00	11/30/99	01/09/00	11/30/99	11/19/99	11/29/99				
oţ	If's a good idea to take along 1 extra in case you lose a dose or are delayed	Days Left after today	15	45	45	45	85	62	15	54	15	4	39				
No matter what time you leave for your trip Take your trip medications starting in the morning of December 1, 1999.	u lose a dos	boses per Day	2	3	3	3	1		1		1		1				
No matter what time you leave for your trip Take your trip medications starting in the mo December 1, 1999.	a in case you	Doses per Prescription	09	90	06	. 06	100	100	30	100	30	30	09				
you leave	along 1 extra <b>م</b>	Date Filled	11/01/99	11/01/99	11/01/99	11/01/99	11/01/99	10/25/99	11/01/99	10/01/99	11/01/99	10/20/99	10/25/99				
what time trip medir	dea to take ald ع			empty stomach	from 1/2 to 1 er pilt 10/6/98	to 3 pills on er 12/16/98					MWF only with Juice		Apply 9 AM Remove 9 PM				
No matter what tin Take your trip med December 1, 1999	It's a good i	ıts)	Dr. Mahal	Dr. Mahal	from 1/2 to 1 Dr. Friedlander pm 10/6/98	Dr. Friedlander	Dr. Neiman	Dr. Mahal	Dr. Mahal	Dr. Neiman	Dr. Mahal	Dr. Mahal	Dr. Mahal				
15, 1999 1, 1999 3, 1999		on & Supplemer	(20 mg)	(25 mg)	(50/200)	(100 mg)	(Vitamin)	(81 mg)	(0.25 mg)	(Vitamin)	(20 mg)	(5 mg)	(0.2 mg/hr) Dr. Mahal				
November 15, 1999 December 1, 1999 December 8, 1999	7 Days	15   Medications (including Non-Prescription & Supplements)		ua	et CR	tadine	ide	Aspirin	in	ABC Plus Senior	Lasix (Furosemide)	adin	Transderm Nitro				
Date: rt Date: I Date:	Duration of Trip:	ations (inc	Pepcid	Capoten	Sinemet CR	Amantadine	Magoxide	Baby Aspirin	Lanoxin	ABCF	Lasix (	Coumadin	Transc				
Todays Date: Trip Start Date: Trip End Date:	Duratior	7 Sea Medica					$\ominus$	0	0		Φ	0	PATCH				
	- 1	5/10-	.q ×	lr tri∣ ∕×	/×/ Apr	/× stoye	az Z	literi Ingl	×∖ pəəı	n X r Z	ttiw i X	Кed	: ws	enoi:	tsoit	) Me	ΙΑ
					3	1	3	, 25 				١	4				

tions more than 7 days in advance, explain to your pharmacist that you are taking a trip and need an earlier refill date to assure you will have \* Even though many insurance carriers frown upon refilling prescripenough medications.

Fax:

908-281-9223

**Eckerd Pharmacy** 

Advice: Refill all needed medications at the same time.... 11/20/99.

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The HOME MEDICAL MANAGER @ 1999